Items 21f&22 Film G167B 6/24/54 ams

4632

05592 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Fallston R.D.

3. NAME OF DECEASED: (Type or Print) (First) LELAND (Middle) M. (Last) ADDISON
4. DATE OF DEATH (Month) 5 (Day) 29 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Aug. 12-1909
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Iron worker
10b. KIND OF BUSINESS OR INDUSTRY: Structural
11. BIRTHPLACE (State or foreign country): Tenn.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Addison
14. MOTHER'S MAIDEN NAME: Alta Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 232-18-6112
17. INFORMANT & ADDRESS: Mrs. Betty Dancy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 976X

Immediate cause (a) GUNSHOT WOUND OF BRAIN
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21c. (City or town) FALLSTON (County) HARFORD (State) Md
21d. TIME OF INJURY (Month) 5 (Day) 29 (Year) 54 (Hour) 11P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Shot self in head after shooting wife while intoxicated

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE R H Fisher M. D.
CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF June 3 1954
NAME OF CEMETERY OR CREMATORY Bel Air Memorial
LOCATION (City, town, or county) Bel Air (State) Md

DATE REC'D BY LOCAL REG. 6/2/53
REGISTRAR'S SIGNATURE Priscilla Foxwood
24. FUNERAL DIRECTOR W H Archer ADDRESS Benson Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
JUN 7 1954
BUREAU OF

4609

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04588

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harve de Grace
LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo 07X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lois (Middle) M (Last) Atwood
4. DATE OF DEATH (Month) May (Day) 17 (Year) 1954
5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 6/19/22
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Luther Church
14. MOTHER'S MAIDEN NAME Nora Perish
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Husband - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
199.9 Immediate cause	(a) Sarcoma - wide spread	5 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Decompensation	2 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1954, to May 17, 1954, that I last saw the deceased alive on May 17, 1954, and that death occurred at 5 05 p m., from the causes and on the date stated above.

SIGNATURE Neil R Fantoy (Degree or title) MD. ADDRESS Rising Sun Maryland DATE SIGNED 5/18/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF May 20, 1954 NAME OF CEMETERY OR CREMATORY Conowingo Cem LOCATION (City, town, or county) Cecil Co., Md. (State)

DATE REC'D BY LOCAL REG. May 19, 1954 REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR H. S. Bailey, Darlington, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1954
BUREAU V. S.

04589

MARYLAND 4633

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hickory
LENGTH OF STAY (in this place) 58 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hickory
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Vancourt (Last) Barrow

4. DATE OF DEATH (Month) May (Day) 22, (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Jan. 11, 1864

9. AGE last birthday 90 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Texas, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME William B. Vancourt

14. MOTHER'S MAIDEN NAME Mary E. McGinnis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Blanche Pyle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Myocarditis (Chronic) — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

Antecedent cause(s) (b) Arteriosclerosis — 5 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Age

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to May 22, 1950, that I last saw the deceased alive on May 20, 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE P. P. Snodgrass (Degree or title) M.D. ADDRESS Darlington Md DATE SIGNED 5/23/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE May 25/ 1954 NAME OF CEMETERY OR CREMATORY Thomas Run M.E. Cemetry LOCATION (City, town, or county) (State) Thomas Run, Harford Co., Md.

DATE REC'D BY LOCAL REG. 5/23/54 REGISTRAR'S SIGNATURE Priscilla Fenwood

24. FUNERAL DIRECTOR Joseph T. Foster ADDRESS Bel Air, Maryland

MARGIN RESERVED FOR BINDING

I

RECEIVED
MAY 26 1954
BUREAU V. S.

4610 **MARYLAND STATE DEPARTMENT OF HEALTH** 04590

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, 24 — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora 07X-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.	STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print)	(First) Virginia	(Middle) Caroline	(Last) Blesch	4. DATE OF DEATH	(Month) May	(Day) 22	(Year) 1954
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2/11/1899	9. AGE last birthday 55 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME David Riley			14. MOTHER'S MAIDEN NAME Matilda				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Hospital Records				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/21, 1954, to 5-22, 1954, that I last saw the deceased alive on 5-22, 1954, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE A. L. Lewis M.D. (Degree or title) ADDRESS Havre de Grace Md DATE SIGNED 5/22/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 25-54	NAME OF CEMETERY OR CREMATORY Oxford Cem	LOCATION (City, town, or county) (State) Oxford Chester Co. Md
DATE REC'D BY LOCAL REG. May 22-54	REGISTRAR'S SIGNATURE A. L. Lewis M.D.	24. FUNERAL DIRECTOR Ralph M. Reed	ADDRESS Rising Sun Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAY 24 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04591

4634 CERTIFICATE OF DEATH Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CARDIFF
LENGTH OF STAY (in this place) 34 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CARDIFF
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) THOMAS (Last) BRADLEY

4. DATE OF DEATH: (Month) MAY (Day) 11 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: JAN. 15, 1899
9. AGE last birthday: 55 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): MANUFACTURER
10b. KIND OF BUSINESS OR INDUSTRY: FERTILIZER
11. BIRTHPLACE (State or foreign country): HARFORD CO., MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANDREW T. BRADLEY
14. MOTHER'S MAIDEN NAME: SYLVESTER A. MACATEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.: 215-01-2633
17. INFORMANT & ADDRESS: MRS. GERTRUDE W. BRADLEY, CARDIFF, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: a few minutes
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Sclerosis
DUE TO

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 45, to May 12, 19 54, that I last saw the deceased alive on May 12, 19 54, and that death occurred at 5 30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Jonah A. Hunt, M.D. ADDRESS Delta, Pa. DATE SIGNED 5/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 5-15-54
NAME OF CEMETERY OR CREMATORY SLATEVILLE
LOCATION (City, town, or county) (State) DELTA, PA.

DATE REC'D BY LOCAL REGISTRAR 5/14/54
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR John H. Hankins, ADDRESS Delta, Pa

RECEIVED
MAY 18 1954
BUREAU V. S.

4611 **MARYLAND STATE DEPARTMENT OF HEALTH** 04592

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	T.	Brice	May	3	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro		9/8/53	yrs.	8			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	none	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Raymond Brice	Mary Thurston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Raymond Brice, Magnolia, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pneumonia & Septicemia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anemia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5/2, 1954, to 5/3, 1954, that I last saw the deceased alive on 5/2, 1954 and that death occurred at 12:15 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George T. Stansbury	M.D.	Havre de Grace, Md.	5/3/54

23. BURIAL, CREMATION, REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 6, 1954	Mt. Zion	Joppa, Harford, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 8, 1954	H. L. Lewis M.D.	Howard K. Mc Comas & Son	Abingdon Md.

RECEIVED
MAY 11 '54
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4635 **CERTIFICATE OF DEATH**

05596

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct case is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Harford — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joppa — LENGTH OF STAY (in this place): 7 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joppa

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Amelia		Broadway	May,	29,	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	colored	widowed	Feb. 10, 1900	54 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Servant	Domestic	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Jackson	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		-	John R. Owens, Joppa, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Coronary Thrombosis — Interval Between Onset And Death: 5 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Hypertensive Cardiovascular Dis

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby, certify that I attended the deceased from May 29, 1954, to ....., 19..., that I last saw the deceased alive on ....., 19..., and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Clifford F. Hudson M.D.	Fork Md.	6/2/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 2, 1954	Baptist	Joppa Harford Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 2 1954	Mame M Monkadale	Howard K. Mc Comas & Son	Abingdon Md.

VS. A15

JUN 7 19
BUREAU

9636

04593

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston Md; LENGTH OF STAY (In this place) Lifelong; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford; CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Fallston; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Reuben (Last) Brown

4. DATE OF DEATH (Month) May (Day) 23 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Aug 4 1904

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer/Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fallston Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thad Brown

14. MOTHER'S MAIDEN NAME: Phoebe Hackett Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) yes

16. SOCIAL SECURITY NO.: 216 18 4937

17. INFORMANT & ADDRESS: Birdie Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Fracture skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: (c) Fracture both bones R leg

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Rt. 1

21c. (City or town) Fallston (County) Harford (State) Md

21d. TIME (Month) OF INJURY 5/23/54 (Day) (Year) (Hour) 1 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Auto accident, auto-pedestrian type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 5/23/54

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE THEREOF May 26, 1954

NAME OF CEMETERY OR CREMATORY Tabernacle Methodist

LOCATION (City, town, or county) Benson Md (State)

DATE REC'D BY LOCAL REG. 5/25/54

REGISTRAR'S SIGNATURE Priscilla Foxwood

24. FUNERAL DIRECTOR W.T. Archer

ADDRESS Benson Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ■use■ of death clearly ■nd legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04594

4612

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 568 Green St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
STREET ADDRESS (If rural give location) 568 Green St.

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Baekey (Last) Burns

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 13, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George H. Baekey
14. MOTHER'S MAIDEN NAME: Mary F. Fresh

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Mrs Katherine May Vickers 3022 Wolbrook, Ave. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Artero Cardio Vascular

DUE TO (c) Disease

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1950, to May 3, 1954, that I last saw the deceased alive on 5/3, 1954, and that death occurred at 3 Pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] MD
ADDRESS [illegible] Md
DATE SIGNED 5/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 6, 1954
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 4-54
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR R. Madison Mitchell
ADDRESS Havre de Grace, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 19[illegible]
BUREAU V. S.

4613 **MARYLAND STATE DEPARTMENT OF HEALTH** 04595

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 30 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital	STREET ADDRESS (If rural, give location) 358 Congress Ave

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) E (Last) Dyer Sr.			4. DATE OF DEATH (Month) May (Day) 14 (Year) 1954		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 1/15/1875	9. AGE last birthday 79	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Chemical Engineer		10b. KIND OF BUSINESS OR INDUSTRY Edgewood Arsenal	11. BIRTHPLACE (State or foreign country) Mason City, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry A. Dyer			14. MOTHER'S MAIDEN NAME Harriet Boldan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Spanish Ex Mission		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT AND ADDRESS Harry E. Dyer Jr. Havre de Grace Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis	1 yr (?)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Prostate	3 yrs (?)
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to May 14, 1954, that I last saw the deceased alive on May 13, 1954, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frederick J. Hatem	M.D.	17 N. Phila. Blvd. Aberdeen Md.	5/18/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/16/54	NAME OF CEMETERY OR CREMATORY Angel Hill	LOCATION (City, town, or county) (State) Havre de Grace, Md.
DATE REC'D BY LOCAL REG. May 16-54	REGISTRAR'S SIGNATURE A. L. Lewis M.D.	24. FUNERAL DIRECTOR Pennington & Son	ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY
BU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04596

4637 **CERTIFICATE OF DEATH** Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - STREET
LENGTH OF STAY (in this place) 84 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - STREET
STREET ADDRESS (If rural give location) MILL GREEN

3. NAME OF DECEASED: (Type or Print) (First) LOUANNA (Middle) RIGDON (Last) FAMOUS
4. DATE OF DEATH: (Month) MAY (Day) 8, (Year) 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 10, 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): STREET, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ELI S. RIGDON
14. MOTHER'S MAIDEN NAME: MARY NEWSOM
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: MRS. ELIZABETH SNODGRASS, STREET, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death: 2 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease — 2 years.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9, 15, 1952, to 5, 8, 1954, that I last saw the deceased alive on May 2, 1954, and that death occurred at 5 45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Nuff M.D. ADDRESS Street, Md DATE SIGNED May 8, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 5-10-54 NAME OF CEMETERY OR CREMATORY EMORY LOCATION (City, town, or county) STREET, (State) MD.

DATE REC'D BY LOCAL REGISTRAR 5/8/54 REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR John H. Hackins, ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 14 1954
BUREAU V. S.

4614

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04597

Reg. Dist. No. 135

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) about 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 335 Strawberry St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 335 Strawberry St.

3. NAME OF DECEASED (Type or Print): (First) Jerry (Middle) (Last) Ferguson

4. DATE OF DEATH: (Month) 5 (Day) 2 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 3-15-01

9. AGE last birthday: 53 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Flemingsburg, Ky.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Ferguson

14. MOTHER'S MAIDEN NAME: Alice ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-18-0356

17. INFORMANT AND ADDRESS 335 Strawberry St. Mrs. Mary Holmes, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/27, 1954, to 5/2, 1954, that I last saw the deceased alive on 5/1, 1954, and that death occurred at 7:34 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George T. Hansbury, M.D. ADDRESS Havre de Grace, Md. DATE SIGNED 5/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 5-5-54 | NAME OF CEMETERY OR CREMATORY St. James Cemetery | LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. May 4-54 | REGISTRAR'S SIGNATURE U. L. Lewis M.D.

24. FUNERAL DIRECTOR ADDRESS Ernest E. Bullock - Havre de Grace, Md

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MAY 6 1954
BUREAU V. S.

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4615

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 600 Franklin St

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) Gandour
4. DATE OF DEATH (Month) May (Day) 10 (Year) 1954

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Jan
8. DATE OF BIRTH June 14, 1890
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Syria
12. CITIZEN OF WHAT COUNTRY? Syria

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Joseph Hatem, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral vascular accident	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1952, to 5/10, 1954, that I last saw the deceased alive on 10 May, 1954, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE Frederick J. Hatem (Degree or title) M.D. ADDRESS 17 N. Phila. Rd. Aberdeen, Md. DATE SIGNED 5/10/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/12/54
NAME OF CEMETERY OR CREMATORY Mt. Ein
LOCATION (City, town or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. 5-12-54
REGISTRAR'S SIGNATURE [illegible] M.D.
24. FUNERAL DIRECTOR [illegible] ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 14 1954

BUREAU V. S.

04599

MARYLAND 4616 **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (In this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md
STREET ADDRESS (If rural, give location) Bond St

3. NAME OF DECEASED (Type or Print) (First) John (Middle) J (Last) Green
4. DATE OF DEATH (Month) May (Day) 4 (Year) 1954

5. SEX	6. COLOR OR RACE	7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	Col	Married	Nov 12 1889	64 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Darlington Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Jacob Green
14. MOTHER'S MAIDEN NAME Liza (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO. 220-14-4329
17. INFORMANT AND ADDRESS Mary E Green Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 422.1 CARDIO-RESPIRATORY FAILURE — 2 HOURS

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) HYPOSTATIC PNEUMONIA — 3 DAYS
(c) ARTERIO SCLEROTIC C-V DISEASE — 7 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1947, to 4 MAY, 1954, that I last saw the deceased alive on 1 MAY, 1954, and that death occurred at 10:30 m., from the causes and on the date stated above.
SIGNATURE H P Sidwell (Degree or title) M D ADDRESS Bel Air Md DATE SIGNED 4 MAY 54

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial
DATE May 7/54
NAME OF CEMETERY OR CREMATORY Hendon Hill
LOCATION (City, town, or county) (State) Bel Air RD Harford Md

DATE REC'D BY LOCAL REG. 5/5/54
REGISTRAR'S SIGNATURE Phyllis Fourwood
24. FUNERAL DIRECTOR Jos J Foster ADDRESS Bel Air Md

RECEIVED
MAY 7 - 1954
BUREAU W. S.

MARYLAND 4617

04600

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BELAIR
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Convalescing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEWOOD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) (Last) HAINES

4. DATE OF DEATH (Month) May (Day) 23 (Year) 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH APR. 17 1866

9. AGE last birthday 88 yrs. If under 1 year Months. Days. If under 24 hr Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) CANADA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JAMES McCABE

14. MOTHER'S MAIDEN NAME MARGARET LANAFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C V disease — Interval Between Onset and Death: 1 mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15 1954, to 5/23 1954, that I last saw the deceased alive on 5/22 1954, and that death occurred at 2:30 p m., from the causes and on the date stated above.

SIGNATURE Derald C Palmer (Degree or title) M.D. ADDRESS Belair Md. DATE SIGNED 5/23 54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE 5/26/54 — NAME OF CEMETERY OR CREMATORY ALL SAINTS CEMETERY — LOCATION (City, town, or county) (State) REISTERSTOWN, MD

DATE REC'D BY LOCAL REG. 5/25/54 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Wm. Cook, Inc. — ADDRESS 1217 ST. PAUL ST.

MARGIN RESERVED FOR BINDING

Items 8,9: Film G166 6-8-54 L

MARYLAND STATE DEPARTMENT OF HEALTH

04601

4618

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harf
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 416 N. Union Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Reid	Herring	May	23	195[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	[illegible]	Nov. [illegible], 1887	66 yrs.	6	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Assistor, St. Income Tax Div.		Aberdeen, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benj. Jr. Herring	Fannie Coburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown	Unk.	Mrs. [illegible] Herring, [illegible] Union Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis Cardio-Vascular
(c) Disease

4437

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-3, 1954, to 5/23, 1954, that I last saw the deceased alive on 5/23, 1954, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. E. Lee, M.D. Havre de Grace, Md. May 26 - 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/27/54	[illegible] Hill	Havre de Grace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
May 26 1954	A. F. Lewis M.D.	Pennington & Son, Havre de Grace.

Pennington & Son, Havre de Grace

RECEIVED
MAY 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04602

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1 PLACE OF DEATH:
COUNTY Harford
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Havre de Grace
MARYLAND
LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 313 N. Union Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 313 N. Union Ave

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Havilah (Last) Himes

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 13, 1907

9. AGE last birthday: 46 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home Retired 14 yrs.

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Harry D. Rider

14. MOTHER'S MAIDEN NAME: Alamedia Whalen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mr. Clarence I. Himes 313 N. Union, Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) Cardiac decompensation

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) multiple sclerosis
DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.., to May 28, 1954, that I last saw the deceased alive on May 28, 1954, and that death occurred at 8:55 P.M., from the causes and on the date stated above.

SIGNATURE E. I. Lewis (Degree or title) M. D. ADDRESS Havre de Grace DATE SIGNED 5-31-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 31, 1954
NAME OF CEMETERY OR CREMATORY Rock Run
LOCATION (City, town, or county) Harford Co (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 31-54
REGISTRAR'S SIGNATURE C. L. Lewis M. D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1954
BUREAU V. S.

4620

04603
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 181

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #6 Essex Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) #6 Essex Place

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) J. (Last) Hunt Jr.

4. DATE OF DEATH (Month) May (Day) 21 (Year) 19 54

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 12/23/53 | 9. AGE last birthday: yrs. — | IF UNDER 1 YEAR: Months — Days — | IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard Smith Hunt Sr.
14. MOTHER'S MAIDEN NAME: Dorthy Winters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
16. SOCIAL SECURITY NO.: Infant
17. INFORMANT'S ADDRESS: Howard S. Hunt Sr. Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Probable Overwhelming Infection, origin unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 5/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 5/24/54
NAME OF CEMETERY OR CREMATORY Post Cemetery
LOCATION (City, town, or county) (State) Aberdeen Maryland.

DATE REC'D BY LOCAL REG. May 24-54
REGISTRAR'S SIGNATURE Nellie L. Perry
24. FUNERAL DIRECTOR John G. Tarring
ADDRESS Aberdeen Md.

20-31181394

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04604

4638

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) M. (Last) Kinzer

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH July 25, 1882
9. AGE last birthday 71 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Crop farmer
11. BIRTHPLACE (State or foreign country): Radford Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Asher M. Kinzer
14. MOTHER'S MAIDEN NAME: Emma V Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 220-18-7238
17. INFORMANT & ADDRESS: Mrs Wm. M. Kinzer

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
177X
IMMEDIATE CAUSE (A) Carcinoma Prostate Gland — INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Metastases over body
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1 yrs ago
19B. MAJOR FINDINGS OF OPERATION: Cancer Prostate
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1954 to 5/2, 1954 that I last saw the deceased alive on 5/1, 1954, and that death occurred at N.A. M, from the causes and on the date stated above.
SIGNATURE L.P. Snodgrass M. D.
ADDRESS Darlington Md
DATE SIGNED 5/4/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: May 5, 1954
NAME OF CEMETERY OR CREMATORY: Darlington Cem
LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REGISTRAR: May 4, 1954
REGISTRAR'S SIGNATURE: C. W. Kirk
24. FUNERAL DIRECTOR: J. S. Bailey
ADDRESS: Darlington, Md.

RECEIVED
MAY 27
BUREAU V. S.

4621

04605

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford [redacted]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace 24
LENGTH OF STAY (in this place) 1 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 505 G. West Court.

3. NAME OF DECEASED (Type or Print) (First) Jean (Middle) Mary. (Last) Kitzmiller.
4. DATE OF DEATH (Month) MAY (Day) 20 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) newborn
8. DATE OF BIRTH 5/20/54
9. AGE last birthday 1 minute yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James M. Kitzmiller.
14. MOTHER'S MAIDEN NAME Jane Elizabeth Dietrick.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS James M Kitzmiller, Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ASPHYXIA NEONATORUM

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CEREBRAL ANOXIA

(c) COMPRESSION OF CORD

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BREECH DELIVERY

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 20, 1954, to MAY 20, 1954, that I last saw the deceased alive on MAY 20, 1954, and that death occurred at 2 54 P m., from the causes and on the date stated above.

SIGNATURE Brown McDonald Jr. (Degree or title) M.D. ADDRESS Aberdeen, Md. DATE SIGNED 5-20-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 22-1954
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown Md (State)
DATE REC'D BY LOCAL REG. May 20-54
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Scott F Minnich & Son ADDRESS Hag Md

2054271384

MARGIN RE[redacted]VED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information [redacted]fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

4632

04606

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen — LENGTH OF STAY (in this place): 1½ yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 214 Baltimore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): R.D. 1

3. NAME OF DECEASED (Type or Print): (First) Nettie (Middle) A. (Last) Litzinger
4. DATE OF DEATH: (Month) May (Day) 22nd (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 8/8/1879
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): West Minister, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: ~~Unknown~~ Nelson Beaver
14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Murray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Bessie Gunther, 214 Baltimore Ave. Aberdeen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5/13, 1954, to 5/22, 1954, that I last saw the deceased alive on 5/13, 1954, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE: Edward Groom (Degree or title) — ADDRESS: — DATE SIGNED: May 22nd. 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May, 26, 1954 — NAME OF CEMETERY OR CREMATORY: Cokesbury — LOCATION (City, town, or county) (State): Abingdon, Harford, Md.

DATE REC'D BY LOCAL REG.: May 29-54 — REGISTRAR'S SIGNATURE: Nellie L. Perry — 24. FUNERAL DIRECTOR: Howard K. Mc Comas & Son — ADDRESS: Abingdon Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

4639

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04607

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coeptown — LENGTH OF STAY (In this place) 9 mos — HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coeptown — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Janis (Middle) A (Last) Lowery

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Aug 21, 1953

9. AGE last birthday: yrs. — If under 1 year: Months 9 — Days 10 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Havre de Grace, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James P. Lowery

14. MOTHER'S MAIDEN NAME: Mary M. Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If yes, give war or dates of service) — SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mary M. Lowery, Forest Hill, Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital Microcephaly

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner 5/31/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF June 3, 1954 — NAME OF CEMETERY OR CREMATORY Fairview — LOCATION (City, town, or county) (State) Forest Hill, Harford Co. Md

DATE REC'D BY LOCAL REG. June 2-54 — REGISTRAR'S SIGNATURE Priscilla Fowood

24. FUNERAL DIRECTOR — ADDRESS Martin G. Kurtz, Jarrettsville, Md.

VS. A15A

RECEIVED
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BURE

MARYLAND STATE DEPARTMENT OF HEALTH

04608

4623

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural Paradise Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Paradise Road

3. NAME OF DECEASED (Type or Print): (First) Dupont (Middle) Baby (Last) LYTLE
4. DATE OF DEATH: (Month) MAY (Day) 17 (Year) 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: MAY 17, 1954
9. AGE last birthday: — yrs. If under 1 year: Months. — Days — If under 24 hrs.: Hours — Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Samuel D. Lytle
14. MOTHER'S MAIDEN NAME: Pauline Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Samuel D. Lytle Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PREMATURITY

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 17, 1954, to MAY 17 1954, that I last saw the deceased alive on MAY 17, 1954, and that death occurred at 3 05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Brown McDonald J. M.D. Aberdeen, Md. May 4, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 6/19/54
NAME OF CEMETERY OR CREMATORY Bakers Cemetery
LOCATION (City, town, or county) (State) Aberdeen Md.

DATE REC'D BY LOCAL REG. May 19-1954
REGISTRAR'S SIGNATURE Nellie L. Berry
24. FUNERAL DIRECTOR ADDRESS John G Tarring Aberdeen Md.

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04609
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) S.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Oak Ridge
STREET ADDRESS (If rural, give location) Cozy Lake

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) A. (Last) McCLELLAND
4. DATE OF DEATH (Month) (Day) (Year) May 20 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 9/10/1899
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months 8 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James McClelland
14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. 1
16. SOCIAL SECURITY NO.: 148-10-0176
17. INFORMANT & ADDRESS: Mrs. Alice McClelland, Cozy Lake Road Jefferson Township, N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary artery sclerosis with occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) of right coronary artery and former myocardial infarct.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R H Fisher M. D.
CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED May 20, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 5/23/54
NAME OF CEMETERY OR CREMATORY Milton
LOCATION (City, town, or county) (State) Jefferson Township, N.J.

DATE REC'D BY LOCAL REG. May 20-54
REGISTRAR'S SIGNATURE G. L. Lewis M. D.
24. FUNERAL DIRECTOR Kobel Funeral Home, Sparta, N.J. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

4640 04610

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 180

1. PLACE OF DEATH: Harford COUNTY — Maryland MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Edgewood

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: New York STATE — COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Corning

STREET ADDRESS (If rural, give location): 34 East 1st St.

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) F. (Last) McGonigle

4. DATE OF DEATH (Month) May (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 10 1930

9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army

11. BIRTHPLACE (State or foreign country): Noxville, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. McGonigle

14. MOTHER'S MAIDEN NAME: Emma Judd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): Active

16. SOCIAL SECURITY No.: 118-22-3626

17. INFORMANT & ADDRESS: Supt. Mortuary Operations Aberdeen Proving Ground, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

819X

Immediate cause (a) Fracture skull — INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Fracture L. femur — —

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street

21c. (City or town) Edgewood (County) Harford (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: 5/1/54 1A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? A no accident auto-object type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Gerald C Palmer M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: 5/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/5/54

NAME OF CEMETERY OR CREMATORY: Woodlawn Mil.

LOCATION (City, town, or county) (State): Elmira, N.Y.

DATE REC'D BY LOCAL REG.: May 3 1954

REGISTRAR'S SIGNATURE: Marie M Monckdale

24. FUNERAL DIRECTOR: Pennington & Son ADDRESS: Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15A-5-53

MAY 4 1
BUREAU V. S.

4641

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04611

CERTIFICATE OF DEATH

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood
LENGTH OF STAY (in this place): 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) H (Last) Mengel

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 11/20/1900

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.,

11. BIRTHPLACE (State or foreign country): Penna.,

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Elwood Mengel

14. MOTHER'S MAIDEN NAME: Amanda Boehmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Anna B. Mengel, Edgewood, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Carcinoma of Lung — not Known

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastasis to brain — 3-12-54

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April

19b. MAJOR FINDINGS OF OPERATION: Prostatectomy & ? glandular neck

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 1954, to May 5, 1954, that I last saw the deceased alive on May 5, 1954, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE: Fred O Hodges (Degree or title) M.D. ADDRESS: Edgewood Md DATE SIGNED: 5-9-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/11/1954 — NAME OF CEMETERY OR CREMATORY: Cokesbury — LOCATION (City, town, or county) (State): Abingdon, Harford, Md.

DATE REC'D BY LOCAL REG.: 5/11/1954 — REGISTRAR'S SIGNATURE: Mame M Mondorf

24. FUNERAL DIRECTOR ADDRESS: Howard K. Mc Comas & Son, Abingdon, Md.,

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MAY 13 1954
BUREAU V. S.

04612

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4642

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Hill (Rural) — LENGTH OF STAY (in this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Hill
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) Patton ~~(Last)~~ Mitchell
4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) Widowed
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horse Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Glenneln Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS: Chauncey B Beecher 511 W. Way Glenburnie Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 20 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Cardia Vascular Disease — 8 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 19..., to May 3, 1954, that I last saw the deceased alive on May 1, 1954, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson (Degree or title) M.D. — ADDRESS: Forest Hill — DATE SIGNED: 5/3/54 — MD

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 5/54 — NAME OF CEMETERY OR CREMATORY: Center Methodist — LOCATION (City, town, or county): Forest Hill, Harford (State) Md

DATE REC'D BY LOCAL REG.: 5/4/54 — REGISTRAR'S SIGNATURE: Priscilla Lowood — 24. FUNERAL DIRECTOR: Joseph T. Foster — ADDRESS: Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 7
BUREAU V. S.

04613

MARYLAND STATE DEPARTMENT OF HEALTH

4643 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bushs Corner | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bushs Corner
STREET ADDRESS (If rural, give location) Pylesville, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	Kevin	Mullen	May	29	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	white	single	May 12, 1954	yrs.	17	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Harford Memorial Hospital	

13. FATHER'S NAME: James Mullen
14. MOTHER'S MAIDEN NAME: Phyllis Groove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: James Mullen, Pylesville, Harford Co. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) INFECTUOUS DIARRHEA	24 HOURS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) OF THE NEW BORN	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 13 MAY., 1954 to 26 MAY., 1954 that I last saw the deceased alive on 26 MAY, 1954, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Philip W. Newman M.D.	307 Hickory, Bel Air Md	30 May 54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 31, 1954	Jarrettsville	Jarrettsville, Harford Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-31-54	Priscilla Foxwood	Martin G. Kurtz	Jarrettsville, Md.

VS. A15

RECEIVED
JUN 7
BUREA

4644 MARYLAND STATE DEPARTMENT OF HEALTH 04614

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Benson — LENGTH OF STAY (in this place): lifelong
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Benson Md
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) C. Robinson (Last) PRESTON
4. DATE OF DEATH (Month) MAY (Day) 24 (Year) 1954
5. SEX: F
6. COLOR OR RACE: w
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widows
8. DATE OF BIRTH: July 24, 1864
9. AGE last birthday: 89 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fallston Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: James C. Robinson
14. MOTHER'S MAIDEN NAME: Susan Beeman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Miss Judith Preston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) CEREBRAL THROMBOSIS — 5 da

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr hyperTENSIVE CARDIO-VASCULAR DISEASE ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 9, 1951, to May 24, 1954, that I last saw the deceased alive on May 23, 1954, and that death occurred at 1:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard P. Hudson, M.D. — ADDRESS: Forest Hill, Md — DATE SIGNED: 5/25/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 27 1954 — NAME OF CEMETERY OR CREMATORY: Little Falls Friends — LOCATION (City, town, or county): Fallston (State): Md

DATE REC'D BY LOCAL REG.: 5/26/54 — REGISTRAR'S SIGNATURE: Priscilla Fourwood — 24. FUNERAL DIRECTOR: W.H. Archer — ADDRESS: Benson Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

4625 2411 N. Charles Street, Baltimore 04615

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DARLINGTON . Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Richardson

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. (SINGLE) MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: 5-5-54

9. AGE last birthday: 1WK | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Havre de Grace, md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herbert Hoover Richardson

14. MOTHER'S MAIDEN NAME: Evelyn Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No (If yes, give war, or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Herbert H. Richardson Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Brain Abscess & Septicamia — Interval Between Onset and Death: 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Acute Pyelonephritis — 48 hrs
(c) Congenital Defect of Ureter

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5, 1954, to 5/16, 1954, that I last saw the deceased alive on 5/16, 1954, and that death occurred at 1:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
McLendon Dudley Phillips MD. Darlington Md 5/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 18, 1954 | NAME OF CEMETERY OR CREMATORY Franklin Cem | LOCATION (City, town, or county) Harford Co. | (State) md.

DATE REC'D BY LOCAL REG. May 16, 1954 | REGISTRAR'S SIGNATURE A. L. Lewis M.D. | 24. FUNERAL DIRECTOR H. S. Bailey | ADDRESS Darlington, Md.

2-54214407

MAY 25
BUFFALO N. Y.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04616

4636 CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

COUNTY Harford — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen

LENGTH OF STAY (in this place) 5/1965

HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 U.S. Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Oklahoma — COUNTY Hughes

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dustin

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Caroline (Middle) Juanita (Last) Robinson

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White		May 1, 1954			5		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Maryland	U.S.A.

13. FATHER'S NAME: George Franklin Robinson

14. MOTHER'S MAIDEN NAME: Reinhilde Elfriede Anna Marie Göbelsman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			George F. Robinson - Father 19 Goddard St, Edgewood, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
7593 Immediate cause	(a) Prematurity	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Blood Dyscrasia - Sepsis	
	DUE TO (c) Congenital Anomalies	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 May, 1954, to 6 May, 1954, that I last saw the deceased alive on 6 May, 1954, and that death occurred at 0800 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Milton Gordon, Capt, MC	2151-1 USAH-APG-Md	6 May 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/10/54	Post Cemetery	Aberdeen Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 10-54	Nellie K. Berry	John E. Tarring	Aberdeen Md.

2054252313

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 14 1954
BUREAU V. S.

Items 21&22 Film G167 6-11-54 ams
Item 7 film g 166 5/24/54 cm 4627

04617

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Havre de Grace
LENGTH OF STAY (In this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 21 Rigdon Road

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) J. (Last) ROUSE

4. DATE OF DEATH (Month) May (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12-24-97

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): U.S. Govt.

10b. KIND OF BUSINESS OR INDUSTRY: Ord. engineer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George R. Rouse

14. MOTHER'S MAIDEN NAME: Ida M. Jewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) War I

16. SOCIAL SECURITY NO.: 220-22-0508

17. INFORMANT & ADDRESS: Wife, Harry J Rouse Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound of head
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Right lower lobe bronchopneumonia

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY rural

21c. (City or town) Aberdeen (County) Harford (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 17, 1954 8:30 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Shot self in head

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED May 17, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | **DATE THEREOF** 5/19/54 | **NAME OF CEMETERY OR CREMATORY** Chester cemetery | **LOCATION (City, town, or county) (State)** Chester Town Maryland

DATE REC'D BY LOCAL REG. May 18-1954 | **REGISTRAR'S SIGNATURE** [signature] | **24. FUNERAL DIRECTOR** John G Tarring | **ADDRESS** Aberdeen Md.

MAY
BUREAU V. S.

4638 **MARYLAND STATE DEPARTMENT OF HEALTH** 04618

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 8 1/2 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) David (Middle) Thomas (Last) St. Clair
4. DATE OF DEATH (Month) May (Day) 4 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 9-4-76
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Steam
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME David Thomas St. Clair, Sr.
14. MOTHER'S MAIDEN NAME Martha Jane Brumfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Martha Westerfield, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

570.5

Immediate cause (a) Myocarditis c̄ Chronic passive Congestion — 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Antestomal obstruction cause — 4 days

(c) Not known Probably Malignancy

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947, to May 4, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 12:20 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Port Deposit Cecil Md DATE SIGNED 9-5-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 5-7-1954 NAME OF CEMETERY OR CREMATORY Hopewell LOCATION (City, town, or county) Port Deposit, Md. (State) Rural

DATE REC'D BY LOCAL REG. May 7-54 REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 16 1954

BUREAU V. S.

4645 MARYLAND STATE DEPARTMENT OF HEALTH 04619

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Harford. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Benson — LENGTH OF STAY (in this place): 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Old Joppa Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Ha.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Benson
STREET ADDRESS (If rural, give location): Old Joppa Rd.

3. NAME OF DECEASED (Type or Print): (First) A. (Middle) Pauline (Last) Sadler

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1954

5. SEX: F. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 20 1861 — 9. AGE last birthday: 92 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home — 10b. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (State or foreign country): Germany Prussia — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Schlag

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Elsa Schurman old Joppa Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 3 Mos.

Antecedent cause(s) (b) arteriosclerotic Heart Disease — 14 Mos

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) General Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1954, to 5/5, 1954, that I last saw the deceased alive on 5/3, 1954, and that death occurred at 4.10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Clifford F. Hudson M.D. Fork, Md. 5/5/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 8-54 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem. — LOCATION (City, town, or county) (State): Taylor Ave Balto. Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS: Vogel Bros. 7110 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

4646

04620

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Madonna — LENGTH OF STAY (in this place): 38 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Madonna
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Eager (Middle) Howard (Last) SMITH
4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: Jan. 3, 1880
9. AGE last birthday: 74 yrs. — If under 1 year: Months 4, Days 1 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Towson, Baltimore Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Adam Smith
14. MOTHER'S MAIDEN NAME: Sovena Fowble
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs. Margaret Hundley, 604 S. 34th St. Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 42 [illegible] (a) Congestive heart failure — Interval between onset and death: 8 hrs.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Chr Cardio-vascular disease — 17 yr.

(c)

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1942 to May 2, 1954, that I last saw the deceased alive on May 2, 1954 and that death occurred at 11:45 pm m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson, M.D. (Degree or title) — ADDRESS: Forest Hill Md — DATE SIGNED: 5/3/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 5, 1954 — NAME OF CEMETERY OR CREMATORY: Bethel — LOCATION (City, town, or county) (State): Madonna, Harford Co. Md

DATE REC'D BY LOCAL REG.: 5/3/54 — REGISTRAR'S SIGNATURE: Priscilla Forwood — 24. FUNERAL DIRECTOR: Martin G. Kurtz, Jarrettsville, Md. — ADDRESS

RECEIVED
MAY 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04621

4647 **CERTIFICATE OF DEATH** Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Highland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Highland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) M. (Last) Stubbs
4. DATE OF DEATH: (Month) May (Day) 15, (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: July 24, 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: Ad Home
11. BIRTHPLACE (State or foreign country): Harford Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Richard Taylor
14. MOTHER'S MAIDEN NAME: Sarah M. Scarff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: H. M. Taylor Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Acute Heart Attack	Suddenly
	DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b)	Arteriosclerosis	3 yrs
	DUE TO		
	(c)	Bronchial Asthma	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of heart — 2 yrs

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to May 15, 1954, that I last saw the deceased alive on May 13 1954, and that death occurred at 5:30 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) F. P. Snodgrass M.D. ADDRESS Darlington Md. DATE SIGNED 5/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 18, 1954 NAME OF CEMETERY OR CREMATORY Highland Cem. LOCATION (City, town, or county) Harford Co., Md. (State)
DATE REC'D BY LOCAL REGISTRAR May 16, 1954 REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 27 1954
BUREAU V. S.

4629 MARYLAND STATE DEPARTMENT OF HEALTH 04622

2411 N. Charles Street, Baltimore

Item 9 film G166 6/2/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air R.D. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air R. D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) W. (Last) THOMAS
4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 15 1885
9. AGE last birthday: 68 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Gen farming
11. BIRTHPLACE (State or foreign country): Floyd Co, Va
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Leth Thomas
14. MOTHER'S MAIDEN NAME: Mary Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) | (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 216-28-4352
17. INFORMANT AND ADDRESS: Mrs John W. Thomas Bel-Air, Md, R D No 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic Lobar Pneumonia	18 hr. ?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis (2 episodes) With Hemiplegia	2 yr.
	(c) Generalized Arteri-Sclerosis	10 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to May 14, 1954, that I last saw the deceased alive on May 13, 1954, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Willard P. Hudson, M.D. | Forest Hill Md | 5/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 17 1954 | NAME OF CEMETERY OR CREMATORY: Bel-Air Memorial Garden | LOCATION (City, town, or county) (State): Harford Co, Md

DATE REC'D BY LOCAL REG.: May 16, 1954 | REGISTRAR'S SIGNATURE: Priscilla Foxwood

24. FUNERAL DIRECTOR: H. S. Bailey | ADDRESS: Darlington, Md.

RECEIVED
MAY 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05623

4648 CERTIFICATE OF DEATH Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Street Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Harford
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Street Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Malvina (Middle) J. (Last) Thompson

4. DATE OF DEATH: (Month) May (Day) 25, (Year) 1954

5. SEX Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) Widow

8. DATE OF BIRTH. Dec 17 1869

9. AGE last birthday 84 yrs

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Harford Co, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James C. Jones

14. MOTHER'S MAIDEN NAME: Rebecca Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Clarence Huff Street, Md. R.D. 1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertension — 4 yrs

DUE TO (C) myocarditis. (Chronic) — 5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of right hip. — 6 weeks

19A. DATE OF OPERATION: April 28

19B. MAJOR FINDINGS OF OPERATION Fracture of hip. Recovered

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) Home (County) Harford (State) Md.

21D. TIME OF INJURY (Month) April (Day) 18 (Year) 1954 (Hour) 11 AM

21E. INJURY OCCURRED While at work ☑ Not while at work ☐

21F. HOW DID INJURY OCCUR? Fell in home.

22. I hereby certify that I attended the deceased from April 4, 1954 to May 25, 1954 that I last saw the deceased alive on May 24, 1954, and that death occurred at 2.04 M, from the causes and on the date stated above.

SIGNATURE F P Snodgrass M. D. ADDRESS Darlington Md. DATE SIGNED 5/26/54

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY) Burial — DATE THEREOF May 27 1954 — NAME OF CEMETERY OR CREMATORY Darlington Cem — LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 26, 1954 — REGISTRAR'S SIGNATURE C. H. Kirk — 24. FUNERAL DIRECTOR H. S. Bailey — ADDRESS Darlington, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

4649 2411 N. Charles Street, Baltimore 04623

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harford; MARYLAND; LENGTH OF STAY (in this place) 15 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Co., Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) (JAMES) (Middle) William (Last) TOBIN

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 7, 1872

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Tobin

14. MOTHER'S MAIDEN NAME: Ella Poor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Clark F. Fitzpatrick Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSIS — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr Cardio-Vascular disease — 17 yrs?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1938 May to May 15, 1954, that I last saw the deceased alive on May 10, 1954, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard P. Hudson M.D. Forest Hill Md 5/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 17/54 | NAME OF CEMETERY OR CREMATORY: County Home | LOCATION (City, town, or county): Bel Air (Rural) | (State): Md

DATE REC'D BY LOCAL REG. 5/16/54 | REGISTRAR'S SIGNATURE: Priscilla Fawcett | 24. FUNERAL DIRECTOR ADDRESS: Joseph T. Foster Bel Air Md

RECEIVED
MAY 18 1914
BUREAU V. S.

4630

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04624

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Theodore		Wernicke	May	22	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	white	widowed	6/4/75	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	General farming	Germany	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wernicke	Agnes Simon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Theodore G. Wernicke Monkton md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Hypertensive Heart Disease	15 years
	(c) (?) Carcinoma Pancreas	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 3, 1954 to May 22, 1954, that I last saw the deceased alive on May 21, 1954, and that death occurred at 1253 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. James Thomson Jr.	M.D.	Darlington, Maryland	5/22/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/24/54	St Joseph	Texas	Balto Co Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 24-54	J. L. Lewis M.D.	Charles C Kurtz	Darlington Md

MAY
BUREAU V. S.

4631

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04625

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND — COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRYVILLE
STREET ADDRESS (If rural, give location) SUSQUEHANNA AVE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BOYD	EDWARD	WILLIAMS	MAY	30	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	WHITE	MARRIED	9-6-07	46 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FOREMAN	BOAT YARD	PA.	CITIZEN

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JACOB WILLIAMS	HANNAH NEWMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	208-03-7152	Josephine Williams, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	CARDIAC FAILURE (DECOMPENSATION)	4 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	BACTERIAL ENDICARDITIS	2 MONTHS
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JAN, 1954, to MAY, 1954, that I last saw the deceased alive on MAY 30, 1954, and that death occurred at 2145P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. J. Simin	M.D.	Havre de Grace	5-30-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-3-1954	Presbyterian	Port Matilda, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 1-1954	A. L. Lewis M.D.	Lee A. Patterson & Son.	Perryville, Md.

RECEIVED
JUN 2 1954
BUREAU V. S.

Issued

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04626

4650 **CERTIFICATE OF DEATH**

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY HARFORD — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN X

LENGTH OF STAY (in this place) 3 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 US ARMY HOSPITAL ABERDEEN PROVING GROUND

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY HARFORD

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEWOOD X

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) VICTORIA (Middle) ~~ANN~~ LYNN (Last) YATEMAN

4. DATE OF DEATH: (Month) MAY (Day) 7 (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: MAY 4, 1954

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days 3 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: DONALD ALBERT YATEMAN

14. MOTHER'S MAIDEN NAME: JOYCE ANN NORTON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: DONALD ALBERT YATEMAN-FATHER WILLOUGHBY BEACH ROAD, EDGEWOOD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

776X

Immediate cause (a) PREMATURITY

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0 —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from MAY 4, 19 54, to MAY 7, 19 54, that I last saw the deceased alive on MAY 7, 19 54, and that death occurred at 8:16 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) William Gordon, Capt MC

ADDRESS Capt MC - 2151-1 USAH, APG Md.

DATE SIGNED 7 MAY 54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 5/9/54

NAME OF CEMETERY OR CREMATORY Turin Cemetery

LOCATION (City, town, or county) Turin (State) New York

DATE REC'D BY LOCAL REGISTRAR May 9-54

REGISTRAR'S SIGNATURE Nellie L. Perry

24. FUNERAL DIRECTOR John F. Darring

ADDRESS Aberdeen, Md.

205424 1310

RECEIVED
MAY 14 1954
BUREAU V. S.